

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP

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 INTELLECTUAL PROPERTY LAW
 12400 WILSHIRE BOULEVARD, 7TH FLOOR
 LOS ANGELES, CA 90025

FACSIMILE: (310) 820-5988

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MAY 06 2005

FACSIMILE COVER SHEET

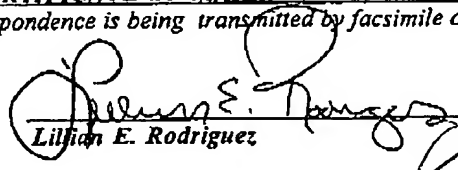
Deliver to: Weiss, Howard, USPTO Art Group: 2814
 Facsimile No.: (703) 872-9306 Date: May 6, 2005
 From: Angelo I. Gaz, Reg. No. 45,907
 Our Docket No.: 42P13758D Number of pages 11 including this sheet.
 Application No.: 10/714,138 Filing Date: 11/14/2003
 Docket Due Date(s): 5/9/2005

Enclosed are the following documents:

- | | |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Amendment: <u>After Final</u> (<u>7</u> pgs) | <input type="checkbox"/> Issue Fee Transmittal |
| <input type="checkbox"/> Appeal Brief (<u> </u> pgs) | <input type="checkbox"/> Notice of Appeal |
| <input type="checkbox"/> Application: <u> </u> | <input type="checkbox"/> Petition for: <u> </u> |
| (<u> </u> pgs) w/cover & abstract) | <input type="checkbox"/> Request for Continued Examination (RCE) |
| <input type="checkbox"/> Assignment & Cover Sheet (<u> </u> pgs) | <input type="checkbox"/> Reply Brief (<u> </u> pgs) |
| <input checked="" type="checkbox"/> Certificate of Facsimile | <input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i) |
| <input type="checkbox"/> Continued Prosecution Application (CPA) | <input type="checkbox"/> Request to Rescind Previous Nonpublication Request |
| <input type="checkbox"/> Declaration & POA (<u> </u> pgs) | <input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter |
| <input type="checkbox"/> Drawings: <u> </u> sheets, <u> </u> figures | <input type="checkbox"/> Response to Written Opinion (<u> </u> pgs) |
| <input type="checkbox"/> Extension of Time: <u> </u> | <input type="checkbox"/> Terminal Disclaimer |
| <input checked="" type="checkbox"/> Fee Transmittal (in duplicate) | <input type="checkbox"/> Transmittal of Publication Fee Due |
| <input type="checkbox"/> IDS & PTO/SB/08 (<u> </u> pgs) | <input checked="" type="checkbox"/> Transmittal Letter |
| <input type="checkbox"/> Other <u> </u> | |

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8A)

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.


 Lillian E. Rodriguez

5/6/2005


Date

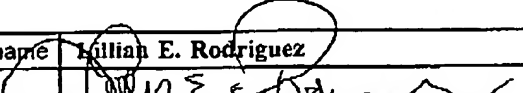
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	10/714,138
		Filing Date	November 14, 2003
		First Named Inventor	Mark Bohr
		Art Unit	2814
		Examiner Name	Weiss, Howard
Total Number of Pages in This Submission	11	Attorney Docket Number	42P13758D

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Facsimile Cover Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Angelo J. Gaz, Reg. No. 45,907 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	May 6, 2005


CERTIFICATE OF MAILING/TRANSMISSION			
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Typed or printed name		Lillian E. Rodriguez	
Signature		Date	May 6, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/10/04/2004)
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		<i>Complete if Known</i> Application Number 10/714,138 Filing Date First Named Inventor Mark Bohr Examiner Name Weiss, Howard Art Unit 2814 Attorney Docket No. 42P13758D	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
TOTAL AMOUNT OF PAYMENT	(\$)	0.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																																																																																																																																
1. EXTRA CLAIM FEES																																																																																																																																
Total Claims	10	- 20	= 0	x 50.00 = \$0.00																																																																																																																												
Independent Claims	1	- 3	= 0	x 200.00 = \$0.00																																																																																																																												
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>300</td> <td>2203</td> <td>150</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>300</td> <td>2204</td> <td>150</td> <td>*Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>300</td> <td>2205</td> <td>150</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: right;">(\$) 0.00</td> </tr> </tbody> </table>					Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claims in excess of 3	1203	300	2203	150	Multiple Dependent claim, if not paid	1204	300	2204	150	*Reissue independent claims over original patent	1205	300	2205	150	**Reissue claims in excess of 20 and over original patent	SUBTOTAL (1)				(\$) 0.00																																																																																					
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Large Entity		Small Entity		Fee Description	Fee Paid																																																																																																																											
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SUBMITTED BY		<i>Complete (if applicable)</i>	
Name (Print/Type)	Angelo J. Gaz	Registration No. (Attorney/Agent)	45,907
Signature		Telephone	(310) 207-3800
		Date	05/06/05

Send to: PTO/ISSN (10-04) as modified by Blakely, Sokoloff, Taylor & Zafman (4/04) 12/15/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

**FEE TRANSMITTAL
for FY 2005***Patent fees are subject to annual revision.*☐ Applicant claims small entity status. See 37 CFR 1.27.**TOTAL AMOUNT OF PAYMENT** (\$) 0.00*Complete if Known*

Application Number 10/714,138

Filing Date

First Named Inventor Mark Bohr

Examiner Name Weiss, Howard

Art Unit 2814

Attorney Docket No. 42P13758D

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. ☒ Credit any overpayments

FEE CALCULATION**1. EXTRA CLAIM FEES**

1. EXTRA CLAIM FEES

		Extra Claims		Fee from below		Fee Paid
Total Claims	10	20	0	\$0.00	=	\$0.00
Independent Claims	1	3	0	200.00	=	\$0.00
Multiple Dependent					=	

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	350	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue Independent claims over original patent
1206	300	2205	150	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)				(\$)
				0.00

**or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1051	130	2051	85	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,550	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1480	130	2480	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1808	180	1808	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.128(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.128(b))
Other fee (specify)				

Other fee (specify)

SUBTOTAL (2)

(\$)

Fee Paid

SUBMITTED BY

Name (Print/Type) Angelo J. Gaz

Registration No.
(Attorney/Agent)

45,907

Telephone

(310) 207-3800

Signature

Date

05/06/05

Based on FY05-01/17 (12-04) as modified by Budget, Domestic Patent Fee Schedule (July 1, 2004).

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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MAY 06 2005

Attorney's Docket No.: 42390P13758D

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application for:

Mark Bohr

Application No.: 10/714,138

Filed: November 14, 2003

For: **SELF-ALIGNED CONTACTS TO
GATES**

Examiner: Weiss, Howard

Art Group: 2814

Confirmation No.: 9938

AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop AF
Commissioner for Patents
Post Office Box 1450
Alexandria, Virginia 22313-1450

Sir:

In response to the Final Office Action mailed March 9, 2005 regarding the above-referenced application, Applicant respectfully requests entry of the amendments set forth below and consideration of the remarks that follow.